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THE NEED OF ORIENTATION *

By ANNIE W. GOODRICH, R.N.

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THE opening paragraph of Professor Reudiger's "Principles of Education" is entitled The Need of Orientation. The writer proceeds as follows: "It is well, when beginning to work in a new department of knowledge, to orientate oneself by taking a brief view of the entire field of which the particular subject in hand forms a part." Later he says, "The problem of the content of the educational field may be effectively approached by asking of what the professional training of the teacher (for Professor Reudiger is dealing with the preparation of teachers) should consist; what are the activities for which the teacher in training must prepare, and what are the subjects that will minister to their preparation?" The need of such a study is strongly evidenced by the great variations in the preparation of those who are practising the comparatively new profession of nursing, a profession whose activities are already numerous, the demands upon whose members are very varied, and whose growth in numbers has been greatly engendered by the evolutionary process that has turned women in such large numbers into the occupational field, and by the advance in scientific surgery and medicine.

The field of nursing, briefly defined, is under the direction of the doctor, the care of the sick in the community of all classes, of all ages, with all forms of diseases; the acutely sick, the convalescent, the chronic. The activities fall into three groups: private duty, the care of the sick in the home; institutional, administrators, teachers, and pupils; public health, visiting nurses, social service, school, infant mortality, etc.

Those who are practising in this field: It has been stated that the occupational statistics of the United States show that one hundred thousand women are practising nursing, one out of ten, only, being hospital trained. We believe that the number practising is greatly underestimated. The American Nurses' Association reports over twenty thousand, all of whom have received their preparation in hospitals. There is little reason to doubt the accuracy of the statement concerning the proportion of hospital trained to untrained. One correspondence school—and there are a number of these schools in New York alone—reported three thou-

* Read at a meeting of the Section on Medicine of the New York Academy of Medicine, December 19, 1912.

sand in its last graduating class, while the total number of pupils reported in 123 registered schools in New York State in 1912 was 3,623, the number graduating being only 1,184. It is said that the largest school west of New York reports only a few over 600 graduates in twenty years. One correspondence school reports twelve thousand graduates in ten years. There is, moreover, no law in this state that debars anyone from calling herself a nurse and practising as such. Ninety per cent., therefore, of the women now practising nursing have either had no preparation whatsoever, or have been prepared through correspondence courses or in the so-called short-course schools, which means a few months' experience in the homes of the sick, together with some theoretical instruction. The announcements of these schools are alluring and unquestionably deflect many women from the hospital preparation. I beg to submit a few samples:

"We provide students with practical experience, either in one of the many hospitals with which we are affiliated, in this and many other cities, or under a physician near her home, who acts as local instructor. All of our lectures are prepared, and examinations graded, by our faculty of physicians, who are in the front ranks of the medical profession, some having national reputations. Our graduates are successful and earn from \$15 to \$30 per week. Six months is the length of time generally required for an average student to complete the work on lectures."

"NELLIE W. EARNS \$18 TO \$30 A WEEK.—Miss W. earned between \$700 and \$800 from her first case, which we supplied her, at \$18 a week."

"Our system is so thorough that not one in 100 of our students fails to pass in the final oral examination. If one should fail, we would give her another opportunity."

Letter issued to Registries for Nurses:

"DEAR FRIEND: We desire to interest you in the employment of our student nurses, at undergraduates' salary, for mutual benefit. We are not a Nurses' Registry or Agency, and do not care to become one. We prefer employment to come through regular registries, to whom all commissions are paid, as we do not accept them. We presume your Registry has calls for and gives employment to undergraduate nurses. Instead of the ordinary practical nurse, we believe you would prefer one educated in her work as well as experienced, because safer, giving better satisfaction and being a credit to the Registry. Our student nurses have by their study, thorough *TEACHING* upon every point, and practice attained a reputation for giving satisfaction that merits their liberal patronage. They are especially prepared for attending contagious cases, and their work in obstetrics is highly commended."

A brief consideration of the preparation of the 10 per cent. who are hospital trained will be of interest. The training may have been obtained in general or special hospitals or sanatoria, having a daily average of from six patients to four thousand, and cared for in houses more or less remodelled for the purpose, or in the most perfectly-con-

structed and completely-equipped hospitals. In New York State, institutions registered by the Regents are required to have fifty beds and a daily average of thirty patients; there is no law, however, that debars any institution for the care of the sick from maintaining a training school. The minimum length of the course, except in hospitals offering experience to graduate nurses or pupils in training from other schools, is a year, the maximum four, the average length being three years. The experience may include all branches or may be limited to one, regardless of the length of the course. A large per cent. of the so-called general hospitals should be entered under the head of special. A study of the registered schools in New York showed the division of cases in 75 per cent. to be as follows: surgery 18, medical 8, children 4, obstetrics 2. Experience in certain branches is required of the registered schools in New York State. The age of admission is from 17 to 40 or over. The tendency is, however, toward the admission of the younger pupils, and, with the curious reversal of the usual order of things that seems to prevail in training schools, the youngest and most limited educationally, with a few notable exceptions, are found in the institutions for mental diseases and for infants and children, though it would seem that for the care of the child and the irrational patient would be required the highest intelligence and the most mature judgment. The more limited pupils, from the standpoint of age and education, are also found in the general hospitals that offer the fewest advantages from every standpoint,—that is to say, those most limited in clinical material, in the number of supervisors and instructors, with inadequately-equipped departments, whose schools are without libraries or class-room, and whose pupils are lodged in overcrowded dormitories.

Until recently no emphasis was placed on the educational qualifications of the candidate, and as long as the supply exceeded the demand, inasmuch as the more highly educated woman almost invariably proved herself to be the better subject for training, the importance of a standard was not appreciated. No such selection can obtain to-day, and the educational range is from the seventh grade, grammar, to the full college course. The pupils are not graded upon admission according to their educational qualifications, all being entered on the same basis. The curricula from the standpoint of the subjects are fairly uniform. The number of hours devoted to theory, however, presents great variations, ranging from 74 to 822 for the entire course, the weekly average being from two to three hours, while the weekly average in practical experience is 67 hours a day, except in hospitals for the insane, where it averages 77, and at night the average is almost universally 84; hours that would

not seem to accord with the desires of the community as expressed in the 54-hour labor law for women and children recently passed in this state. The variations in the number of the administrative and teaching force is as great as in the number of hours of theory. The fifty-bed hospital may provide a superintendent of the hospital who is also superintendent of the training school, without graduate assistants, and twelve to fourteen voluntary lecturers, or may provide an administrative and teaching staff numbering from five to six. The same variations exist in the larger hospitals,—the theory of one branch may be given in the first year, the practical experience in this branch may not be given until the last or may not be given at all. Anatomy and physiology may be repeated year after year to the entire school, or it may be given in the first few months of a comprehensive and complete preparatory course. But little attention appears to be paid to the changes in medicine or in modern aspect toward disease. With many periods allotted to hygiene and sanitation in the secondary schools, with much emphasis placed on the necessity of a thorough knowledge of these subjects on the part of the teachers, with the popular magazines and newspapers giving much space to it, the future public-health agent, the pupil nurse, whose long hours leave little time for the obtaining of knowledge from current literature, is given an average of from six to eight hours' instruction in this subject. The annual reports of registered schools show that the hours devoted to this course range from one to seventy-two. Despite the tendency to depreciate the value of drugs and emphasize the value of diets, the hours allotted to materia medica, though reported as from eight to eighty-four, average twenty-five, while the course in dietetics is very generally limited to twelve.

From this incomplete and fragmentary presentation of the preparation of the nurse, into which much might be read that has not been said, it is not difficult to conceive that there should be dissatisfaction, and justifiable dissatisfaction, on the part of the public, the doctor, and the profession, with the existing conditions in nursing. What it is difficult to conceive is that such conditions should be allowed to exist. To place the sick in the hands of such a heterogeneous body, turning out of the room the mother, whose maternal instinct and maternal love are no mean factors in a correct perception of the physical conditions of her child, or those members of the family whose experience in life, together with the advantage of a broad education, have made them keen and intelligent observers, and whose ministrations from many standpoints would be more acceptable, is contrary to all the doctrines and methods that obtain to-day. For the practice of all professions, and even some of the trades, a license

is required to protect the public from fraud and incompetence. If this is an age of specialization, it is also an age that appreciates that specialization, to be sound and effective, must have a broad general knowledge for its foundation. Never was so much emphasis laid on the value of intelligent labor. What is the great educational system but a machine for the production of intelligent citizens, and a machine whose component parts are being constantly readjusted to meet new needs as expressed in new activities, making for the greatest output of the individual, with the least possible expenditure of time, money, and energy?

Says Bagley *: "There is at the present time a marked tendency so to reorganize the scientific work of the high schools, that a direct utilitarian value will be more frequently realized. The introduction of specialized courses in agriculture, mechanics and household science cannot fail to have a reflex influence upon the teaching of the basic sciences, emphasizing their practical phases, showing at every point the large improvement and economy that come from a rational rather than from an empirical procedure, and, above all, giving the pupils actual practice in the application of principles to everyday problems."

There are few trades, and certainly no occupations, that have the elements of a profession that do not require at least two years of the high school. In the past two years not an inconsiderable number of educators have been approached concerning the academic qualifications to be required for the profession of nursing, and also with the hope of a closer affiliation between our schools and the general educational system. We have been met on every hand more than half way by the principals of the high schools and also by the faculties of the colleges, for the need of a closer affiliation between the university and the schools of medicine and nursing is being generally appreciated, as a need of a closer affiliation between the secondary schools and occupations of a less educational nature. Under the existing conditions it was generally felt that little could be done. I think it could be correctly stated as the consensus of opinion, however, that at least the full high school should be required for admission to schools of nursing; many expressed astonishment that this was not the requirement.

Said the First Assistant Commissioner of Education, in an address read before the New York State Nurses' Association: "I submit that when the law placed the age at twenty-one years, it assumed that the candidates for admission to these training schools should have at least a high-school education. Girls graduate from the high school at an

* Bagley's *Educational Values*, page 148.

average age of less than nineteen,—eighteen and a fraction. It was never thought that this would not be the educational preliminary requirement for admission to a nurse training school.

“There is to-day almost no occupation that requires skill and expertness that does not demand two years of a high-school training, at least, of those who would enter upon training.”

Said Professor Winslow, in an address presented before the American Nurses' Association on *The Rôle of the Visiting Nurse in the Campaign for Public Health*: “All this requires, obviously enough, a highly-trained and specialized expert. I have no knowledge of the requisites for sick nursing, but it is quite clear that in public health work the visiting nurse must be no empirically-trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special applications in the field of her own work, whether it be school nursing, tuberculosis nursing, or infant hygiene. She must know these things, not merely as a practitioner, but as a teacher, which means not only a knowledge of details, but a vision of their right relationship and a talent for effective presentation.” If this is what is required of the visiting nurse, I maintain that it is required for the nurse in private duty. I cannot see the nurse, wherever she is found, as other than a public health servant; in the private house, a resident agent for the prevention, as much as the remedying, of disease, and one whose opportunities for social service are as unlimited as those of her sister, the visiting nurse; and I contend that every nurse, to be an effective agent in the conservation of that great national resource, the public health, and to intelligently co-operate to that end with the medical profession, should have a broad general education, not less than a full high-school course, her studies there to be directed toward her later professional preparation. Upon the completion of the high-school course she should enter upon her three years' professional preparation. For three years it should be, except for the college graduate, for whom a time allowance, possibly not to exceed a year, should be provided, and since, to quote again the First Assistant Commissioner, “no institution is a school within the meaning of the law that from the beginning gives its pupils a super-amount of practice without adequate grounding in the principles and theory,” not less than four months, and preferably eight months, should be devoted to such theoretical preparation, in central schools of nursing or departments of nursing in the colleges, for it has been clearly demonstrated that the burden and expense of such preparatory preparation cannot and should not be carried by the already overburdened hospital. The prelimi-

nary professional preparation must be followed by not less than two years' practical experience in the hospital, the units of such experience to be determined by the vital statistics, not by what the individual institution has to offer, with a definite period apportioned for each branch. Roughly estimated, as we see the need today, this might be: medical nursing four months, surgical nursing four months, pædiatrics three months, obstetrics two months, mental diseases three months, tuberculosis three months, operating-room technic two months, dispensary one month, making a total of twenty-two months, and should include the care of both private and ward patients. The experience in each of these branches should be intensive: by this we mean that the entire time of the pupil should be devoted to the actual *nursing* care of the sick, in properly-equipped departments, with a sufficient amount of clinical material to insure a thorough knowledge in the different phases of the different branches, and under a competent and sufficient supervising and teaching staff, with the proper correlation of theory and practice.

For those desiring to specialize in any one branch or in the different activities, additional preparation should be required, of from three months to a year, according to the specialty. Furthermore, to insure that this shall be the preparation, and to make clear to the public who are so prepared, it should be required by law that all who practise this profession shall be licensed by registration.

It was not my purpose to present to-night such a study as Reudiger outlined. I would I might have read my paper by title, for it epitomized all that I had to say. I do wish to emphasize, however, the urgent need of determining upon a minimum general and professional preparation of the nurse, and, by such a rational method as Reudiger outlined, completely divorcing for the moment all consideration of the need of the hospital for a free nursing service, or of the public for a cheap article, believing that the conclusions so reached will be for the ultimate benefit of all members of the community, rich or poor. Cheap nursing for the poor, on careful analysis, will prove to be very costly nursing for the community.

If there is another body or class of workers needed, it will come into existence; we believe, indeed, that such a class is here, and is only waiting to come into an orderly existence, for the field of the more important worker, the nurse, to be defined. This body, too, sooner or later, if it demonstrates its right to exist by its usefulness, will probably also require to be regulated by law, and the scope of its work defined. It should be designated by a name distinctly different from that of the nurse, and already such a name appears to have been applied,—the attendant. If the doctor and the family are satisfied to relegate their sick into her

hands, well and good. Our responsibility ceases; our point has been made when the line of demarcation is clear. There is no confusion to-day between the doctor and the nurse. When the family has engaged the nurse it knows that it has not engaged a doctor; it does not know, however, that it has not engaged an untrained attendant. From the statistics previously presented it is not unreasonable to imagine that, in nine out of ten cases, this is what it has, and probably unwittingly, procured.

We have no fear, with proper legal protection, of the encroachment of the attendant upon the domain of the nurse. We do not understand that any decrease resulted in the ranks of the medical profession with the advent of the nurse; what we do understand is, though we may be mistaken, that the medical profession is vigorously protesting against an increase in its numbers at the cost of its standards, and, therefore, ultimately, at the cost of the public health.

Into this effort to standardize nursing should not be read an encroachment upon the domain of medicine; what could and should be read into it is a great tribute to the members of the medical profession, for it is they who are responsible for the largeness of our concept. Through their eyes we have grasped the significance of intelligent, accurate detail work in the care of the sick. It is our realization that the great truths which they are seeking may be imperilled, or may be hastened in no small measure, by these agents, that impels us to strive so earnestly and unremittingly for higher and better standards. The standards we are striving for, for the protection of their scientific conclusions alone, the medical profession should demand.

THE NURSING OF QUADRUPLETS

By EMILY O. BOSWALL

Graduate of Boston City Hospital Training School

"The tumult and the shouting die;
The captains and the kings depart."—KIPLING.

THIS means that the newspaper reporters have found other subjects to interest them and have ceased to collect, or manufacture, items about the quadruplets.

They were born August 5, 1912, in the Dorchester Cottage Hospital, which is owned and managed by two graduates of the training school of the Boston City Hospital.

Into this unfriendly world, but into the hands of kindly people, came one tiny baby, then a second little stranger, then to the astonish-